

**UTILITY
PATENT APPLICATION
TRANSMITTAL**
(Only for new nonprovisional applications under
37 C.F.R. 1.53(b))

Attorney Docket No.	2685.2001 US2
First Named Inventor or Application Identifier	David A. Edwards
Express Mail Label No.	ER 362264076 US

Title of Invention

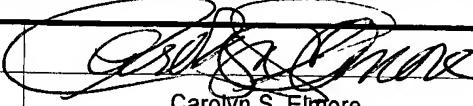
HIGHLY EFFICIENT DELIVERY OF A LARGE THERAPEUTIC MASS AEROSOL

APPLICATION ELEMENTS

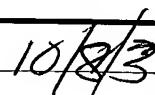
See MPEP chapter 600 concerning utility patent application contents.

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																									
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification Total Pages [43] (preferred arrangement set forth below) - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets [6] <input type="checkbox"/> Fig. of the Drawings for Publication <input type="checkbox"/> <input checked="" type="checkbox"/> No Figure to be Published</p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages [2] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. 1.63(d)) (for continuation/divisional with Box 17 completed) i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p>																											
<p>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form</p> <p>b. <input type="checkbox"/> Paper Copy (identical to computer copy) [] Pages</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>																											
<p>ACCOMPANYING APPLICATION PARTS</p> <p>7. <input type="checkbox"/> Assignment Papers (cover sheet & documents) <input checked="" type="checkbox"/> Assignee - Advanced Inhalation Research, Inc. Cambridge, MA</p> <p>8. <input type="checkbox"/> Power of Attorney <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement</p> <p>9. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard</p> <p>13. <input type="checkbox"/> Small Entity Statement(s)</p> <p>14a. <input type="checkbox"/> Foreign Priority Claim under 35 U.S.C. §119 or 365</p> <p>14b. <input type="checkbox"/> Certified Copy of Priority Document(s)</p> <p>15. <input type="checkbox"/> Nonpublication Request (check parent application)</p> <p>16. <input checked="" type="checkbox"/> Other <u>Remarks</u> <hr/></p>																											
<p>17. If a CONTINUING APPLICATION, check appropriate box; supply the requisite information.</p> <p><input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 09/591,307</p> <p>Prior application information: Examiner: Mina Haghightian Group Art Unit: 1616</p> <p>The entire disclosure of the prior application is considered a part of the disclosure of the accompanying application and is hereby incorporated by reference. (Add standard Related Applications section with incorporation by reference to specification or update same)</p>																											
<p>18. CORRESPONDENCE ADDRESS</p> <table border="1"> <tr> <td>NAME</td> <td colspan="4">Customer No. 000038421 ELMORE CRAIG, P.C.</td> </tr> <tr> <td>ADDRESS</td> <td colspan="4">209 Main Street</td> </tr> <tr> <td>CITY</td> <td>Chelmsford</td> <td>STATE</td> <td>MA</td> <td>ZIP CODE</td> </tr> <tr> <td>COUNTRY</td> <td>USA</td> <td>TELEPHONE</td> <td>(978) 251-3509</td> <td>FAX</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>01863 (978) 251-3973</td> </tr> </table>			NAME	Customer No. 000038421 ELMORE CRAIG, P.C.				ADDRESS	209 Main Street				CITY	Chelmsford	STATE	MA	ZIP CODE	COUNTRY	USA	TELEPHONE	(978) 251-3509	FAX					01863 (978) 251-3973
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Signature



Date



37,567

Submitted by
Typed or Printed Name

Carolyn S. Elmore

Reg. Number

ELMORE CRAIG, P.C.

FEE TRANSMITTAL FOR PATENT APPLICATIONS	Attorney Docket Number	2685.2001 US2		
	Application Number			
	First Named Inventor	David A. Edwards		

CLAIM CALCULATION (includes any preliminary amendment)

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 CFR 1.16(c) or (i))	27 - 20* =	7		x \$ 18 =	\$126
INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i))	2 - 3** =	0		x \$ 86 =	\$0
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))				+ \$ 290 =	\$0
				BASIC FEE (37 CFR 1.16(a) or (h))	\$770
			Total of above Calculations =		\$896
			Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27, 1.28) =		\$
			TOTAL =		\$896
			Surcharge - Late Filing of Declaration or Filing Fees (37 C.F.R. 1.16(e)) =		\$
			Petition for Extension of Time Fee (37 C.F.R. 1.17) =		\$
			Assignment Recordation Fee = (only when filed with application)		\$
			[Other]		\$
* Reissue claims in excess of 20 and over original patent ** Reissue independent claims over original patent			TOTAL =		\$896

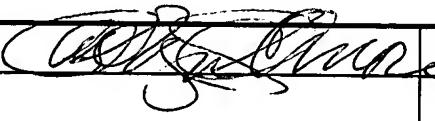
1. Small entity status:

- a. A small entity statement is enclosed.
- b. A small entity statement was filed in the prior non-provisional application and such status is still proper and desired.
- c. Is no longer claimed.

2. A general authorization is hereby granted to charge deposit account number 502807 for any fees required under 37 CFR 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

3. A check is enclosed for \$896. Please charge \$[] to Deposit Account No: 502807

4. Other:

Signature		Date	10/8/3
Submitted by Typed or Printed Name	Carolyn S. Elmore	Reg. Number	37,567